

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____ e-mail: _____

REQUIRED FILINGS IN THE STATE OF: ARIZONA Filings Made During the Year 2006

| (1) Check -list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-----------------------|------------------|---|--------------------------|------|---------|---|-------------------------|----------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½"X14") | 2 | 1 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | A THRU T |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E25) | 2 | 1 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | 1 | 1 | 5/15, 8/15, 11/15 | NAIC | F, O, P, T, U |
| | | | | | | | | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Actuarial Opinion | 2 | 1 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | Company | F, O |
| | 11 | Investment Risk Interrogatories | 2 | 1 | 1 | 4/1 | NAIC | O |
| | 12 | Life Supplement Data due March 1 | 2 | 1 | xxx | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | |
| | 13 | Life Supplement Data due April 1 | 2 | 1 | xxx | 4/1 | NAIC | |
| | 14 | Long-term Care Experience Reporting Forms | 2 | 1 | 1 | 4/1 | NAIC | O |
| | 15 | Management Discussion & Analysis | 2 | 1 | 1 | 4/1 | Company | F, O |
| | 16 | Medicare Supplement Insurance Experience Exhibit | 2 | 1 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | O |
| | 17 | Property/Casualty Supplement Data due March 1 | 2 | 1 | xxx | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | |
| | 18 | Property/Casualty Supplement Data due April 1 | 2 | 1 | xxx | 4/1 | NAIC | |
| | 19 | Risk-Based Capital Report | 1 | 1 | xxx | 3/1 PPD 3/31 HCSO, HMDO, DI, LD, PC | NAIC | O, R |
| | 20 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 21 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | O |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 30 | Annual Statement Electronic Filing | xxx | 1 | xxx | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | O, P, T |
| | 31 | March .PDF Filing | xxx | 1 | xxx | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | O, P, T |
| | 32 | Risk-Based Capital Electronic Filing | xxx | 1 | N/A | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | NAIC | O, P, T |
| | 33 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | O, P, T |
| | 34 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | O, P, T |
| | 35 | June .PDF Filing | xxx | 1 | xxx | 6/1 | NAIC | O, P, T |
| | 36 | Quarterly Electronic Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | O, P, T, U |
| | 37 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | O, P, T, U |
| | | | | | | | | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| | 51 | Accountants Letter of Qualifications | 1 | N/A | N/A | 6/1 | Company | T |
| | 52 | Audited Financial Statements | 1 | 1 | 1 | 6/1 | Company | F, O, T |
| | 53 | Audited Financial Statements Exemption Affidavit | 1 | N/A | 1 | 6/1 | Company | T |
| | 54 | Independent CPA | 1 | N/A | N/A | 6/1 | Company | T |
| | 55 | Notification of Adverse Financial Condition | 1 | N/A | 1 | 6/1 | Company | T |
| | 56 | Report of Significant Deficiencies in Internal Controls | 1 | N/A | 1 | 6/1 | Company | T |
| | 57 | Request for Exemption to File | 1 | N/A | N/A | 5/31 | Company | |
| | | | | | | | | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Filings Checklist (with Column 1 completed) | 0 | 1 | 0 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCSO, HMDO, Domestic DI, LD, PC | State | |

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|-----|---|---|-----|-----|--|---------|------|
| 102 | State Filing Fees | 1 | 0 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCISO, HMDO, Domestic DI, LD, PC | State | Q |
| 103 | Signed Jurat | 0 | xxx | 0 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCISO, HMDO, Domestic DI, LD, PC | NAIC | L |
| 104 | Premium Tax | 1 | 0 | 1 | 3/1 | State | D |
| 105 | Audited Financial Report Transmittal Form E-AFR | 1 | 0 | 1 | 6/1 | State | F, O |
| 106 | Certificate of Advertising Compliance Form E-HCISO-13 | 2 | 0 | 1 | 3/31 HCISO ONLY | State | O |
| 107 | Annual Statement Worksheet for Health Organizations Form E-WORKSHEET.HEALTH | 2 | 0 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCISO, HMDO, Domestic DI, LD, PC | State | O |
| 108 | Certificate of Disclosure Form E-178 | 2 | 0 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCISO, Domestic DI, LD, PC | State | F, O |
| 109 | Records Location Information Form E-176 | 1 | 0 | 0 | 3/1 DOMESTIC only | State | |
| 110 | E-350 Producer Controlled Property and Casualty Insurance Report | 2 | 0 | 0 | 3/31 DOMESTIC PC ONLY | State | |
| 111 | HIPAA Reports to Life & Health Division, call 602-912-8460 if you have questions about completing the form. | 1 | 0 | 1 | 3/1 N/A TO PPD | State | O |
| 112 | Credit Life & Disability Insurance Experience Report to Life and Health Division, call 602-912-8460 if you have questions about completing the form | 1 | 0 | 1 | 4/1 | State | O |
| 113 | HMDO Certificate of Disclosure Form E-HMDO-178 | 2 | 0 | 0 | 3/31 HMDO ONLY | State | F,O |
| 114 | Management Discussion and Analysis Transmittal Form E-MDA | 2 | 0 | 1 | 4/1 | State | F, O |
| 115 | Plan for Risk of Insolvency | 2 | 0 | 1 | 3/31 HCISO and HMDO with HCISO Operation ONLY | Company | O |
| 116 | Form B and C Insurance Holding Company System Registration Statement | 2 | 0 | N/A | 3/31 | State | O, V |
| 117 | Arizona Business Only Pages, Applicable to Multi-State HCISO Only | 2 | 0 | 1 | 3/31 | NAIC | O |
| 118 | Certificate of Compliance | 0 | 0 | 1 | 3/1 | State | O |
| 119 | Certificate of Deposit | 0 | 0 | 1 | 3/1 | State | O |
| 120 | Certificate of Valuation | 0 | 0 | 1 | 3/1 LD only | State | O |
| 121 | State Page | 2 | 1 | 1 | 3/1 PPD, Foreign DI, LD, PC 3/31 HCISO, HMDO, Domestic DI, LD, PC | NAIC | |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. **If Form Source is NAIC, the form should be obtained from the appropriate vendor.

| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | OBTAIN AND READ DEPARTMENTS DETAIL INSTRUCTIONS FROM OUR WEBSITE AT http://www.id.state.az.us/annforms.html |
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| | A | Required Filings Contact Person: | Rose McNabb (602) 364-3985 or E-mail address rmcnabb@id.state.az.us |
| | B | Mailing Address: | Arizona Department of Insurance Attn: Annual Statement Coordinator Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269 |
| | C | Mailing Address for Filing Fees: Due 3/01 – Prepaid Dental Plan Organization and Foreign Disability Insurer, Life/Disability Insurer or Property/Casualty Insurer Due 3/31 – Health Care Services Organization, Service Corporation (HMDO) and Domestic Disability Insurer, Life/Disability Insurer or Property/Casualty Insurer Amounts vary and are specified in Tax and Fees Report forms on our web site at http://www.id.state.az.us/taxforms.html | Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269 |
| | D | Mailing Address for Premium Tax Payments: Annual Premium Tax due date is 3/01. First Installment Tax due date is 3/15. Obtain Tax and Fees Report forms on our web site at http://www.id.state.az.us/taxforms.html | Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269 <u>Contact Persons (Annual Premium Taxes):</u> Gordon Thoreson (602) 364-3245 or Richard Johnson (602) 364-3247 <u>Contact Person for Installment Tax:</u> June Denise Bittner (602) 364-3246 |
| | E | Delivery Instructions: Due 3/01 – Prepaid Dental Plan Organization and Foreign Disability Insurer, Life/Disability Insurer or Property/Casualty Insurer Due 3/31 – Health Care Services Organization, Service Corporation (HMDO) and Domestic Disability Insurer, Life/Disability Insurer or Property/Casualty Insurer | All packages must bear U.S. postmark or courier service pick-up date no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. |
| | F | Late Filings: License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement. | Penalties are assessed to date of receipt as follows: Up to \$25.00 per day – Annual Statement, Actuarial Opinion, Management, Discussion and Analysis, annual fees or other deficiencies described in Form E-INSTRUCTION.HEALTH. Up to \$25.00 per day – Certificate of Disclosure Form E-178 or E-HMDO-178. Up to \$100.00 per day – Quarterly Statements. Up to \$25.00 per day – Audited Financial Report. In all cases, the Department of Insurance uses the USPS postmark as the date filed. |
| | G | Original Signatures: | <u>DOMESTIC:</u> Original signatures are required on all filings except for the Duplicate Annual Statement. <u>FOREIGN:</u> Signers names and titles must appear on Jurat Page, but original signatures are <u>not</u> required. |
| | H | Signature/Notarization/Certification: | <u>NOTARIZED SIGNATURES OF AT LEAST TWO (2) EXECUTIVE OFFICERS, WHO ARE LISTED ON THE JURAT PAGE.</u> |
| | I | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment. |
| | J | Exceptions from normal filings: | <u>EXEMPTIONS:</u> Annual Statement filing exemption – NONE. AFR exemptions according to NAIC Annual Statement Instructions or domestic companies use Form E-AFR.OHE for requirements and guidelines. <u>EXTENSIONS:</u> Approved for a catastrophic event only. |
| | K | Bar Codes (State or NAIC) | NAIC instructions. |

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| | L | Signed Jurat | Not applicable. All insurers must file hard copy Annual Statement. |
| | M | NONE Filings: | Every page of the annual statement should be accounted for in consecutive page number order. If several consecutive pages are "None," or, in case of some investment schedules which are not filed in hard copy in all states, the appropriate page numbers with exhibit or schedule headings may be listed on one page and the page inserted in the appropriate location in the annual statement. See NAIC Annual Statement Instructions for Supplemental Interrogatories. Exceptions to these instructions are noted on the form. All State forms must be completed or stamped "None" if not entries on the form, and returned as instructed. |
| | N | Filings new, discontinued, or modified materially since last year: | See Form E-INSTRUCTION.HEALTH |
| | O | Detailed filing instructions and forms: Available on our web site at http://www.id.state.az.us/annforms.html | See Form E-INSTRUCTION. HEALTH |
| | P | DISKETTE FILINGS: | Diskette Filings are not required with Arizona. Must be filed with the NAIC if not filing via Internet. |
| | Q | State Filing Fees: See notes C and D. | Refer to the Tax Report Forms and Instructions available on our web site http://www.id.state.az.us/taxforms.html |
| | R | Risk-Based Capital: | Domestic PPD must file by 3/1. Domestic HCSO and HMDO must file by 3/31 with the Arizona Department of Insurance. Foreign companies are not required to file with Arizona Department of Insurance |
| | S | State Page | <u>Domestic</u> - Must file all State Pages where insurer is transacting business. <u>Foreign</u> : Must include Arizona State Page only. |
| | T | NAIC Filing | Arizona Statutes for HCSO, HMDO and PPD companies were revised to require all companies to file their Annual Statement and Supplements, Management Discussion and Analysis, Risk Based Capital and Quarterly Statements with the NAIC. Regulatory action may be taken if a company does not file with NAIC. |
| | U | Quarterly Financial Statements | See Form E-QSRQ. HEALTH |
| | V | Form B and C Insurance Holding Company System Registration Statement. | DOMESTICS ONLY: Not applicable to HCSO or Service Corporation (HMDO). Refer to Forms E-185, E-185B, E-185C, E-185D, E-185XD and E-110, available on our web site at http://www.id.state.az.us/corp_misc.html |

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies, but will not be sending their own checklist this year.

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly .PDF Filing** is the .pdf file for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.